

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Hearing Aid Providers
Managed Care Plans

Memorandum No: 05-46 MAA
Issued: June 29, 2005

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
(800) 562-6188

Subject: Hearing Aids and Services: Fee Schedule Changes

Effective for dates of service on and after July 1, 2005, the Medical Assistance Administration (MAA) will implement a legislatively appropriated one (1.0) percent vendor rate increase.

Maximum Allowable Fees

The 2006-2007 Biennium Appropriations Act authorizes this one (1.0) percent vendor rate increase for MAA fee-for-service programs.

Bill MAA your usual and customary charge.

Billing Instructions Replacement Pages

Attached are updated replacement pages G.1 – G. 4 for MAA's current *Hearing Aids and Services Billing Instructions*.

Diagnosis Reminder

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4th or 5th digits if necessary) or the entire claim will be denied.

Contact Information

Send reimbursement issues, questions, or comments to:

DME Manager
Professional Reimbursement Section
Division of Business and Finance
PO Box 45510
Olympia, Washington 98504-5510
(360) 725-1845
Fax # (360) 753-9152

Send authorization issues, questions, or comments to:

Hearing Aids and Services Program Manager
Medical Assistance Administration
Division of Medical Management
PO Box 45506
Olympia Washington 98504-5506
(360) 725-1585
Fax # (360) 586-1471

How can I get MAA's provider issuances?

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the ***Billing Instructions/Numbered Memoranda*** or ***Provider Publications/Fee Schedules*** link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily).
 - a) Click ***General Store***.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either ***I'm New*** or ***Been Here***.
 - ii. If new, fill out the registration and click ***Register***.
 - iii. If returning, type your email and password and then click ***Login***.
 - c) At the **Store Lobby** screen, click ***Shop by Agency***. Select ***Department of Social and Health Services*** and then select ***Medical Assistance***.
 - d) Select ***Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction***. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

Fee Schedule

Hearing Aids for Adults and Children

Services and/or equipment for adults must meet program requirements.

*Children's hearing aid equipment and services
 REQUIRE authorization from the client's local CSHCN coordinator.*

Procedure Code	Description	Adult	Child	Modifier	07/01/05 Maximum Allowable
V5014	Repairs (includes parts and labor) and modification of a hearing aid (replacement of casing allowed no more than once in 5 years) For a hearing aid that is: <ul style="list-style-type: none"> analog do not use an EPA digital use EPA 870001021 		X	RP (for casing only)	 \$91.00 137.00
V5030	Hearing aid, monaural, body worn, air conduction	X	X	RT, LT, or RP	428.80
V5040	Hearing aid, monaural, body worn, bone conduction (requires prior authorization when dispensed to adults 18 and over)	X	X	RT, LT, or RP	428.80
V5050	Hearing aid, monaural, in the ear (ITE). (A more powerful hearing aid for a hearing loss of 90dBHL or greater in the better	X	X	RT, LT, RP, or RR	purchase: 743.75 rental: 28.88

Modifiers

LT = Left

RT = Right

RP = Replacement

RR = Rental

(Revised July 1, 2005)

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Hearing Aids & Services

Procedure Code	Description	Adult	Child	Modifier	07/01/05 Maximum Allowable
	ear or progressive hearing loss in the better ear)				

Updated	V5060	Hearing aid, monaural, behind the ear (BTE). (A more powerful hearing aid for a hearing loss of 90dBHL or greater in the better ear or progressive hearing loss in the better ear)	X	X	RT, LT, RP, or RR	purchase: 743.75 rental: 28.88
	V5100	Hearing aid, bilateral, body worn (requires prior authorization when dispensed to adults 18 and over)	X	X		942.79
When considering a second, or two hearing aids for clients 18 years of age or older you must the criteria on page E6 or have prior authorization.						
Updated	V5130	Hearing aid, binaural, ITE (requires prior authorization when dispensed to adults 18 and over) (A more powerful hearing aid for a hearing loss of 90dBHL or greater in the better ear or progressive hearing loss in the better ear)	X	X		1,487.50
Updated	V5140	Hearing aid, binaural, BTE (requires prior authorization when dispensed to adults 18 and over) (A more powerful hearing aid for a hearing	X	X		1,487.50

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	loss of 90dBHL or greater in the better ear or progressive hearing loss in the better ear)				
When considering binaural hearing aids for clients 18 years of age or older you must meet the criteria on page E6 or have prior authorization.					
V5256	Hearing aid, digital, monaural, ITE (for hearing loss 50-90dBHL average, when client meets criteria)	X	X		448.87
V5257	Hearing aid, digital, monaural, BTE (for hearing loss 50-90dBHL average, when client meets criteria)	X	X		448.87
When considering a second, or two hearing aids for clients 18 years of age or older you must meet the criteria on page E6 or have prior authorization.					
V5260	Hearing aid, digital, binaural, ITE (for hearing loss 50-90dBHL average, when client meets criteria)	X	X		897.74
V5261	Hearing aid, digital, binaural, BTE (for hearing loss 50-90dBHL average, when client meets criteria)	X	X		897.74
V5264	Ear mold/insert, not disposable, any type; (for adults: replacement only, allowed no more than once in 3 years)	X	X	RP (for adults 18 and over only)	38.49
V5274	Assistive learning device,		X		BR

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Fee Schedule

Hearing Aids & Services

	not otherwise specified (prior authorization) (Copy of cost invoice required)				
The following codes have been discontinued as of dates of service on and after July 1, 2005.					
V5246	Hearing aid, digitally programmable analog, monaural, ITE (covered only when approved as a limitation extension)		X		\$1,070.25
V5247	Hearing aid, digitally programmable analog, monaural, BTE (covered only when approved as a limitation extension)		X		1,070.25
V5252	Hearing aid, digitally programmable, binaural, ITE (covered only when approved as a limitation extension)		X		1,987.24
V5253	Hearing aid, digitally programmable, binaural, BTE (covered only when approved as a limitation extension)		X		1,987.24

Bill your usual and customary charge.

Payment will be the lesser of billed charge or the maximum allowable fee.

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Fee Schedule